

## INITIAL APPLICATION FOR A STATE LICENSE TO OPERATE A FAMILY DAY SYSTEM

THIS APPLICATION SHALL BE SIGNED BY THE INDIVIDUAL RESPONSIBLE FOR OPERATION OF THE FAMILY DAY SYSTEM OR, IF THE FAMILY DAY SYSTEM IS TO BE OPERATED BY A BOARD, BY AN OFFICER OF THE BOARD, PREFERABLY THE CHAIRMAN. IT SHOULD BE FILED TWO MONTHS IN ADVANCE OF THE PLANNED OPENING DATE OR TWO MONTHS IN ADVANCE OF THE EXPIRATION OF THE CURRENT LICENSE. THE LICENSING STUDY WILL BEGIN WHEN A COMPLETED APPLICATION IS RECEIVED.

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A FAMILY DAY SYSTEM PURSUANT TO SECTION 63.2-100, *CODE OF VIRGINIA*.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET OR ROUTE NUMBER CITY STATE ZIP

### IN MAKING THIS APPLICATION, I STATE THAT:

1. I AM IN RECEIPT OF AND HAVE READ A COPY OF THE LICENSING STATUTE AND THE MINIMUM STANDARDS FOR LICENSED FAMILY DAY SYSTEMS.
2. I CERTIFY THAT IT IS MY INTENT TO COMPLY WITH THE AFOREMENTIIONED MINIMUM STANDARDS AND APPLICABLE STATUTES AND TO REMAIN IN COMPLIANCE WITH THEM IF I AM SO LICENSED.
3. I GRANT PERMISSION TO THE DEPARTMENT OF SOCIAL SERVICES AND/OR IT'S AUTHORIZED AGENTS TO MAKE ALL NECESSARY INVESTIGATION OF THE CIRCUMSTANCES SURROUNDING THIS APPLICATION AND ANY STATEMENT MADE HEREIN, INCLUDING FINANCIAL STATUS, INSPECTION OF THE FACILITY AND REVIEW OF RECORDS. I UNDERSTAND THAT, FOLLOWING LICENSURE, AUTHORIZED AGENTS OF THE DEPARTMENT WILL MAKE ANNOUNCED AND UNANNOUNCED VISITS TO DETERMINE ITS COMPLIANCE WITH STANDARDS AND TO INVESTIGATE ANY COMPLAINTS RECEIVED.
4. I UNDERSTAND THAT THE DEPARTMENT OF SOCIAL SERVICES SHALL REQUEST, AS NEEDED, REPORTS FROM THE LOCAL HEALTH DEPARTMENT, STATE FIRE MARSHAL AND LOCAL FIRE DEPARTMENT.
5. I UNDERSTAND THAT AN APPLICATION FOR A LICENSE IS SUBJECT TO EITHER ISSUANCE OR DENIAL. IN THE EVENT OF DENIAL, IT IS UNDERSTOOD THAT I HAVE THE RIGHT TO REQUEST AN ADMINISTRATIVE HEARING.
6. I AM AWARE THAT IT IS A MISDEMEANOR FOR ANY PERSON TO OPERATE A FAMILY DAY SYSTEM DEFINED IN SECTION 63.2-100, *CODE OF VIRGINIA*, WITHOUT A LICENSE.
7. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION I HAVE GIVEN TO THE DEPARTMENT OF SOCIAL SERVICES AND/OR IT'S AUTHORIZED AGENTS ON THE ATTACHED FORMS AND DURING ANY PRE-APPLICATION CONFERENCE IS TRUE AND CORRECT. I WILL SUPPLY TRUE AND CORRECT INFORMATION REQUESTED DURING ALL SUBSEQUENT INVESTIGATIONS.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(POSITION)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(NAME OF CORPORATION, IF ANY)

\_\_\_\_\_  
(BUSINESS TELEPHONE)

**(RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS)**

**RETURN ORIGINAL TO:**

**REQUIRED INFORMATION  
FOR INITIAL  
APPLICATION FOR FAMILY DAY SYSTEM LICENSE**

I. Name of Family Day System: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of Director: \_\_\_\_\_  
Directions to Family Day System Office: \_\_\_\_\_  
\_\_\_\_\_

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**II. CHILDREN TO BE SERVED:**

Anticipated Number of Children to be Served: \_\_\_\_\_  
Sex: \_\_\_\_\_ Minimum Age: \_\_\_\_\_ Maximum Age: \_\_\_\_\_

**TYPE OF CARE TO BE OFFERED:**

AGE GROUP		Half Day Care	Full Day Care	Before & After School Care	Evening Care 7 pm – 1 am	Overnight Care After 1 am	TOTAL
Infants & Toddlers (Under 2)							
Preschool:	2 years						
	3 - 5 yrs.						
School Age:	6 – 9 yrs.						
	10-14 yrs.						
TOTALS							

Will transportation be provided? \_\_\_\_\_ If so, describe method \_\_\_\_\_  
\_\_\_\_\_

How many System staff will serve these children (do not include day care providers)? \_\_\_\_\_

Describe how number of staff was determined: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**III. HOMES TO BE APPROVED:**

A. Anticipated number: \_\_\_\_\_

B. How was number of homes determined? \_\_\_\_\_

C. Anticipated geographical dispersion (*List counties & cities where homes are located*):  
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#### IV. INFORMATION ON APPLICANT

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A. Family Day System is to be operated by:

Individual ☐ Partnership ☐ Corporation ☐ Unincorporated Association ☐

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B. For a System to be operated by an individual or partnership, list names and addresses of three persons who are not related to applicant(s) and who can certify to applicant's character and reputation.

REFERENCES:

ADDRESSES:

_____	_____
_____	_____
_____	_____
_____	_____

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C. For a System to be sponsored by either corporation or unincorporated associations:

1. List all Officers and Members of the Board:

OFFICE

NAME

ADDRESS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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2. List as references for each Officer of the Board, the names and addresses of three persons who are not related to the Officer and who can certify to his/her character and reputation:

References:

NAME OF OFFICER: \_\_\_\_\_

Addresses:

_____	_____
_____	_____
_____	_____

References:

NAME OF OFFICER: \_\_\_\_\_

Addresses:

_____	_____
_____	_____
_____	_____

References:

NAME OF OFFICER: \_\_\_\_\_

Addresses:

_____	_____
_____	_____
_____	_____

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3. List all standing committees of the Board:

NAME OF COMMITTEE:

CHAIRPERSON:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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#### V. REQUIRED ATTACHMENTS

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1. Statement of Written Goals and Objectives – II, B, 3. b
  2. FDS Organizational Chart – II, B, 3. h
  3. Financial Information – II, D
    - a. A current balance sheet showing a statement of current assets and current liabilities (032-05-524)
    - b. A plan for financing the first year of operation (032-05-354)
    - c. Schedules of fees and payments
    - d. Documentation of funds or credit available for the first year of operation.
  4. Staff Information Sheet (032-05-356)
  5. All written job descriptions – III, B
  6. Statements of policies and procedures – VI, B.
  7. All forms used by FDS, especially those in homes' records and those in children's records – VI, C, 1-5
  8. Initial training plan for providers; ongoing training for staff (any conferences, workshops, in-service training, etc.
  9. Criteria for approval of homes - IV, B, 1
  10. Background checks
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